



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

State of New Jersey
GOVERNOR'S COUNCIL ON ALCOHOLISM AND DRUG ABUSE
PO Box 345
TRENTON, NJ 08625-0345

NEIL VAN ESS
Acting Chairman

JOHN L. HULICK, MS, CPS
Executive Director

Prevention and Public Awareness Committee Application Form

GCADA is seeking membership from **four Municipal Alliances** to serve as representatives on the Prevention and Public Awareness Committee. The representatives must reflect the geographic, socio-economic and ethnic diversity of the Municipal Alliances.

The committee's tasks are to review and advise the Council regarding services in the area of prevention as they relate to alcoholism and drug abuse. This includes identifying gaps, best practices and public awareness initiatives. Recommendations will be made to the Policy and Planning Committee. A more detailed description of the Prevention and Public Awareness Committee can be found in the Council's bylaws at <http://www.state.nj.us/treasury/gcada/>.

Please submit the attached questionnaire to be considered for membership. Include a biography and resume/curriculum vitae with the application. You may include articles, anecdotal accounts, and other documents that further illustrate the accomplishments of your work.

All applications must be submitted to GCADA by July 31, 2012. Completed application should be sent to:

Governor's Council on Alcoholism and Drug Abuse
Committee Membership Application
PO Box 345
Trenton, NJ 08625

Submission checklist:

- ☐ Completed application questionnaire
- ☐ Questions 1-4 attached on a separate sheet of paper
- ☐ Short bio of the applicant
- ☐ Resume/CV of the applicant
- ☐ Articles, anecdotal accounts, other documents (optional)



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Committee Application Form

Name: _____

Address: _____

Town and Zip Code: _____ County: _____

Email: _____ Telephone: _____

Committee Membership Questionnaire

Please answer the following questions on a separate sheet of paper and attach to the questionnaire. Each answer must not exceed 200 words.

1. Please describe the demographic make-up of your municipality in regards to geographic location in the state, socio-economic make-up, and ethnic diversity.
2. What is your experience in working with the Municipal Alliance? Please describe your professional strengths or areas of expertise and how they would be applicable to the committee's core functions as described on page one.
3. What do you feel are the key issues facing prevention? Please provide research references to support your conclusions, if appropriate.
4. How would your contributions be beneficial to the committee? Please share any other information that will provide a better understanding of your interest and commitment.

Applicants selected for the committee will be required to file a conflict of interest form with the GCADA.

I certify the information contained in the application is accurate and understand if selected to be a member of the committee that I must file a conflict of interest form.

Signature

Date